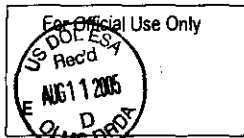


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>6067</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Joseph</b> <b>Mann</b> P.O. Box, Bldg., Room No., if any <b>Unit C</b> Street <b>2418 W. Indian Trail</b> City <b>Aurora</b> State <b>Illinois</b> ZIP Code + 4 <b>60506</b>	4. Name, file number, and address of labor organization. Name <b>Laborers' Local 149 Union</b> Labor Organization File Number <b>001-993</b> P.O. Box, Building and Room Number, if any <b>Unit C</b> Street <b>2418 W. Indian Trail</b> City <b>Aurora</b> State <b>Illinois</b> ZIP Code + 4 <b>60506</b>
5. Position in labor organization. <b>Business Manager</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed \_\_\_\_\_

On \_\_\_\_\_

Date

Telephone Number

Name of Person Filing <b>Joseph Mann</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Baum Sigman Auerbach &amp; Neuman, Ltd.</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 2200</b></p> <p>Street <b>200 West Adams Street</b></p> <p>City <b>Chicago</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60606-5231</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Fox Valley Laborers Welfare Fund</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>Bldg. B, Suite 206</b></p> <p>Street <b>2400 Big Timber Road</b></p> <p>City <b>Elgin</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60123</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Baum Sigman provides legal services to the Trust Funds. I am a trustee on the Welfare Fund.</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$30,450</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>Received Chicago Bulls tickets valued at \$183. I was provided several meals during the year with a total value of \$66.</b></p> <hr/> <p>12.b. Amount. <b>\$249</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <u>AFL-CIO Investment Trust</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1717 K Street, NW</u> City <u>Washington DC</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20036</u>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <u>Fox Valley Laborers Welfare Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>2400 Big Timber Road</u> City <u>Elgin</u> State <u>Illinois</u> ZIP Code + 4 <u>60123</u>	<b>11.a. Nature of such dealing.</b> <u>This company provides investment management services to the Funds.</u>
	<b>11.b. Approximate dollar value of such dealing.</b> <u>\$49,000</u> <b>12.a. Nature of interest held or income received.</b> <u>At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.</u> <b>12.b. Amount.</b> <u>\$56</u>

Name of Person Filing Joseph Mann

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name ASB Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7501 Wisconsin Avenue

City Bethesda

State Maryland

ZIP Code + 4 20814

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois

ZIP Code + 4 60123

## 11.a. Nature of such dealing.

This company provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$55,275

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$56

Name of Person Filing Joseph Mann

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Dimensional Fund Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 23 Park Place

City Cranbury

State New Jersey

ZIP Code + 4 08512

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois

ZIP Code + 4 60123

## 11.a. Nature of such dealing.

This Company provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$16,000

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$56

Name of Person Filing Joseph Mann

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Fox Valley Laborers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 206B

Street 2400 Big Timber Road

City Elgin

State Illinois

ZIP Code + 4 60123-7835

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

I am a trustee for the Welfare Fund, which was created by the Union and employers for the benefit of the members.

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

I attended Board of Trustees meetings held on July 29 and 30, 2004 as mandated by ERISA and the DOL for the Trustees to discuss Fund business. I received reimbursement for my expenses while at the meetings.

## 12.b. Amount.

\$1,255

Name of Person Filing Joseph Mann

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Lincoln Capital

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2100

Street 200 S. Wacker Drive

City Chicago

State Illinois

ZIP Code + 4 60606

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois

ZIP Code + 4 60123

## 11.a. Nature of such dealing.

This company provides investment management services to the Funds.

11.b. Approximate dollar value of such dealing.

\$15,008

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

12.b. Amount.

\$56

Name of Person Filing Joseph Mann

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Missouri Valley Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 135 N. Meramac

City St. Louis

State Missouri ZIP Code + 4 63105

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois ZIP Code + 4 60123

## 11.a. Nature of such dealing.

This company provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$160,000

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$56



Name of Person Filing Joseph Mann

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Multi-Employer Property Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Thirteenth Street, NW 1150

City Washington DC

State District of Columbia ZIP Code + 4 20005

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois ZIP Code + 4 60123

## 11.a. Nature of such dealing.

This company provides investment management services to the Funds.

11.b. Approximate dollar value of such dealing.

\$101,000

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

12.b. Amount.

\$56

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <u>Northern Trust Company</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>50 S. LaSalle Street</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60675</u>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <u>Fox Valley Laborers Welfare Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>2400 Big Timber Road</u> City <u>Elgin</u> State <u>Illinois</u> ZIP Code + 4 <u>60123</u>	<b>11.a. Nature of such dealing.</b> <u>This company provides investment management services to the Funds.</u>  <b>11.b. Approximate dollar value of such dealing.</b> <u>\$20,000</u>
	<b>12.a. Nature of interest held or income received.</b> <u>At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.</u>  <b>12.b. Amount.</b> <u>\$56</u>

Name of Person Filing Joseph Mann

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Pacific Investment Mgmt Co LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 840 Newport Center Drive

City Newport Beach

State California

ZIP Code + 4 92660

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois

ZIP Code + 4 60123

## 11.a. Nature of such dealing.

This company provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$219,000

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$44

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name State Street Global Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One International Place

City Boston

State Massachusetts

ZIP Code + 4 02110

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois

ZIP Code + 4 60123

## 11.a. Nature of such dealing.

This company provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$1,800

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$56

Name of Person Filing Joseph Mann	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name Watson Wyatt Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 191 N. Wacker Drive City Chicago State Illinois ZIP Code + 4 60606	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name Fox Valley Laborers Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2400 Big Timber Road City Elgin State Illinois ZIP Code + 4 60123	<b>11.a. Nature of such dealing.</b> This company provides actuarial and consulting services to the Funds. <b>11.b. Approximate dollar value of such dealing.</b> \$102,000 <b>12.a. Nature of interest held or income received.</b> At Board of Trustees meetings held on July 29 and 30, 2004, the trustees met with the actuary to discuss the activities of the Funds. The actuary paid for dinner and recreational activities. <b>12.b. Amount.</b> \$56

Name of Person Filing <b>Joseph Mann</b>	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Laborers' Training &amp; Apprentice Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>Box 88658</b></p> <p>Street <b>1200 Old Gary Ave.</b></p> <p>City <b>Carol Stream</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60188</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>X b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Laborers' Local #149</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2418 W. Indian Trail Unit C</b></p> <p>City <b>Aurora</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60506</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Training facility for apprentice and journeyman laborers'.</b></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><b>Attendance at the February Apprentice Graduation Banquet held at The Carlisle in Lombard, Illinois.</b></p> <p>12.b. Amount. <b>66.70</b></p>

Name of Person Filing	Joseph Mann	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Marco Consulting</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 550 W. Washington Blvd. 9 Fl.</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60661</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>X b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Fox Valley Laborers' Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2400 Big Timber Rd. Suite 206</p> <p>City Elgin</p> <p>State Illinois ZIP Code + 4 60123</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Monitor for funds</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>2 tickets to Blackhawks game @ 125.00 each.</p> <hr/> <p>12.b. Amount. 250.00</p>

Name of Person Filing <b>Joseph Mann</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Amalgamated Bank</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1 W. Monroe</b></p> <p>City <b>Chicago</b></p> <p>State <b>Illinois</b>                      ZIP Code + 4 <b>60603</b></p>	<p><b>9. Business deals with:</b></p> <p style="padding-left: 40px;">a. Labor Organization</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="padding-left: 40px;">c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>Chicagoland Laborers' Training Trust</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>Box 88658</b></p> <p>Street <b>1200 Old Gary Ave.</b></p> <p>City <b>Carol Stream</b></p> <p>State <b>Illinois</b>                      ZIP Code + 4 <b>60188</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p style="padding-left: 20px;">Amalgamated manages money for the training funds.</p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p style="padding-left: 20px;">2 tickets to Bears Game</p> <hr/> <p><b>12.b. Amount.</b> <span style="float: right;">480.00</span></p>



Name of Person Filing	Joseph Mann	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Peter F. Ferracuti, P.C.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 110 E. Main</p> <p>City Ottawa</p> <p>State Illinois ZIP Code + 4 61350</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Laborers' Local #149</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2418 W. Indian Trail Unit C</p> <p>City Aurora</p> <p>State Illinois ZIP Code + 4 60506</p>	<p>11.a. Nature of such dealing.</p> <p>Work Comp Law Firm</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>3 - Boxes Fruit</p> <p>12.b. Amount. 300.00</p>

Name of Person Filing	Joseph Mann	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Horwitz &amp; Horwitz Association</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 25 East Washington St. Suite 900</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60602</p>	<p>9. Business deals with:</p> <p>X a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Laborers' Local #149</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2418 W. Indian Trail Unit C</p> <p>City Aurora</p> <p>State Illinois ZIP Code + 4 60506</p>	<p>11.a. Nature of such dealing.</p> <p>Work Comp Law Firm</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>4 tickets White Sox Game @ 75.00 a piece.</p> <p>12.b. Amount. 300.00</p>